07/16/2007 17:15

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 07 16 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC D D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand [°]2007 52983.36 January 1 (b) Cash on Hand at 52983.36 Begining of Reporting Period 28422.50 28422.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 81405.86 81405.86 6(a) and 6(c) for Column B) 2004.33 2004.33 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 79401.53 79401.53 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

I	. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	other than loans) From: s/Persons Other		
	tical Committees red (use Schedule A)	18463.59	18463.59
(ii) Uniter	mized	9879.94	9879.94
(iii) TOTA Lines	AL (add 11(a)(i) and (ii)	28343.53	28343.53
(b) Political P	arty Committees	0.00	0.00
(such as I	ritical Committees PACs) tributions (add Lines	0.00	0.00
() () . (b) and (c)) (Carry Line 33, page 5)	28343.53	28343.53
Transfers From Party Committee	n Affiliated/Other	0.00	0.00
3. All Loans Rece	eived	0.00	0.00
 Loan Repayme Offsets To Ope 	ents Receivederating Expenditures	0.00	0.00
(Refunds, Reb (Carry Totals to 6. Refunds of Co	c Line 37, page 5)	4.33	4.33
	didates and Other littees	0.00	0.00
 Other Federal I (Dividends, Internal) 	Receipts erest, etc.)	74.64	74.64
(a) Non-Feder		0.00	0.00
·	ls (from Schedule H5)	0.00	0.00
,	sfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts		28422.50	28422.50

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

1 0		Total This Period	Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(c	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(t	o) Other Federal Operating Expenditures	4.33	4.33
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	4.33	4.33
	ransfers to Affiliated/Other Party	0.00	0.00
3. Č	ontributions to ederal Candidates/Committees		
aı	nd Other Political Committees ndependent Expenditure	2000.00	2000.00
5. C	use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
C	committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
i. L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	lefunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	0.00
(t	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
). O	Other Disbursements	0.00	0.00
). F	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
((c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Т	otal Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2004.33	2004.33
	Total Federal Disbursements		
,	subtract Line 21(a)(ii) from Line 30(a)(ii) rom Line 31)	2004.33	2004.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28343.53	28343.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28343.53	28343.53
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4.33	4.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	4.33	4.33
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 35
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPITAFED PAC	AL AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Stephen Burr			Date of Receipt
	Mailing Address 203 Eslynn Road			05 01 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.4957
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Carolinae HaalthCaro Svet	Occupation Administr		Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General		000.05	1
	Other (specify) ▼	0 0	208.35	
В.	Full Name (Last, First, Middle Initial) Stephen Burr			Date of Receipt
	Mailing Address 203 Eslynn Road			0 6 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.5019
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Carolinas HéalthCare Syst-	Occupation Administr		Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General		250.02	1
	Other (specify) ▼	0 0	250.02	
<u>с.</u>	Full Name (Last, First, Middle Initial) Stephen Burr			Date of Receipt
	Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5081
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Carolinae HealthCare Syst-	Occupation		Payroll Deduction \$41.67 monthly
	em Receipt For: 2007	Administr	Year-to-Date ▼	\dashv
	Primary X General	Aggregate	Teal-10-Date ▼	-
	Other (specify) ▼		291.69	
	IIPTOTAL of Popoints This Peas (actional)			125.01
\vdash	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number only	v)		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 7/35	
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page		X 11a 11b 11c 12 15 16 17	
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions	
\setminus	NAME OF COMMITTEE (In Full)				
	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES	
Α.	Full Name (Last, First, Middle Initial) Jack Chamblee			Date of Receipt	
	Mailing Address PO Box 550934			06 29 2007	
	City	State	Zip Code	Transaction ID: SA11A1.5123	
	Gastonia	NC	28055-0934	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$30 mon- thly	
	Receipt For: 2007	Aggregate	e Year-to-Date ▼		
	Primary X General Other (specify) ▼	' '	210.00		
	Other (specify)	0 0			
В.	Full Name (Last, First, Middle Initial) Marsha Ford			Date of Receipt	
	Mailing Address 6836 Alexander Road	03 01 2007			
	City	State	Zip Code	Transaction ID: SA11A1.4863	
	Charlotte	NC	28270	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.34	
	Name of Employer Carolinas HealthCare Syst-	Occupation	n	Payroll Deduction \$83.34	
	Carolinas HéalthCare Syst- em	Physician	1		
	Receipt For: 2007 Primary X General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.02		
<u> </u>	Full Name (Last, First, Middle Initial) Marsha Ford			Date of Receipt	
-	Mailing Address 6836 Alexander Road			03 30 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4925	
	Charlotte	NC	28270	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.34	
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		Payroll Deduction \$83.34 monthly	
	em Receipt For: 2007		Year-to-Date ▼	1	
	Primary X General				
	Other (specify)		333.36		
Г					
s	UBTOTAL of Receipts This Page (optional)			196.68	
\vdash	i				

SCHEDULE A (FEC Form 3X)

PAGE 8/35 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Date of Receipt Marsha Ford Mailing Address 6836 Alexander Road 05 01 200.7 Zip Code City Transaction ID: SA11A1.4990 State Charlotte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 C federal political committee. Payroll Deduction \$83.34 Name of Employer Carolinas HealthCare Syst-Occupation monthly Physician em Receipt For: Aggregate Year-to-Date ▼ 2007 X General Primary 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Marsha Ford Date of Receipt Mailing Address 6836 Alexander Road 06 01 2007 City Zip Code State Transaction ID: SA11A1.5050 Charlotte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 Name of Employer Carolinas HealthCare Syst-Occupation monthly Physician 2007 Receipt For: Aggregate Year-to-Date ▼ Primary X General 500.04 Other (specify) Full Name (Last, First, Middle Initial) C. Marsha Ford Date of Receipt Mailing Address 6836 Alexander Road 06 29 2007 Citv State Zip Code Transaction ID: SA11A1.5112 **Charl**otte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 C federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Carolinas HealthCare Syst-Occupation Physician Receipt For: 2007 Aggregate Year-to-Date ▼ Primary X General 583.38 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 35	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Paul Franz			Date of Receipt
	Mailing Address 1320 FILLMORE AVENUE #	4 413		M M / D D / Y Y Y Y
	City	State	Zip Code	01 02 2007
	-	NC	28203	Transaction ID: SA11A1.4650 Amount of Each Receipt this Period
	FFO ID worth and for a little firm			
	federal political committee.	<u> </u>		416.67
	Name of Employer Ocarolinas HealthCare Syst-	cupation	1	Payroll Deduction \$416.67 monthly
	em AC	lministr		
		ggregate	Year-to-Date ▼	
	Primary X General Other (specify)		416.67	
	Curior (openity) 🔻	0 0		1
_	Full Name (Last, First, Middle Initial)			Data of Danaire
D.	Paul Franz Mailing Address 1320 FILLMORE AVENUE #	#//13		Date of Receipt
		7710		02 01 2007
	City State		Zip Code	Transaction ID: SA11A1.4762
	<u>Charlotte</u> N	1C	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		416.67
				Payroll Deduction \$416.67
	Carolinae HoalthCaro Suet	cupatior Iministr		monthly
	CIII		Year-to-Date ▼	
	Primary X General			1
	Other (specify) ▼		833.34	
_	Full Name (Last, First, Middle Initial)			
C.	Paul Franz			Date of Receipt
	Mailing Address 1320 FILLMORE AVENUE #	4 413		03
	City State		Zip Code	Transaction ID: SA11A1.4822
	<u>Charlotte</u>	1C	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	;		416.67
	federal political committee.			Payroll Deduction \$416.67
Name of Employer Carolinas HealthCare System Receipt For: 2007 Occupation Administration			monthly	
		Year-to-Date ▼	-	
	Primary X General	ggrogato		1
	Other (specify) ▼		1250.01	
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0	UBTOTAL of Receipts This Page (optional)		.	1250.01
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т	OTAL This Period (last page this line number only)			

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 / 35		
	· ·		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	TAL AUTH	ORITY/CAROLINAS HEALTI	HCARE SYSTEM EMPLOYEES		
A.				Date of Receipt		
	Mailing Address 1320 Fillmore Ave #413			03 / 30 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.4884		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67		
	Name of Employer Carolinas HealthCare Syst-	Occupation	n re Administration	Payroll Deduction \$416.67 monthly		
	em Receipt For: 2007		Year-to-Date ▼			
	Primary X General	39 - 3				
	Other (specify) ▼	0 0	416.67			
_	Full Name (Last, First, Middle Initial)			<u> </u>		
В.	Paul Franz			Date of Receipt		
	Mailing Address 1320 Fillmore Ave #413	05 01 7 2007				
	City	State	Zip Code	Transaction ID: SA11A1.4947		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67		
	Name of Employer Carolinas HealthCare Syst-	Occupation	า	Payroll Deduction \$416.67 monthly		
	em	Healthca	re Administration			
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General Other (specify) ▼		833.34			
	Full Name (Leat First Middle Initial)					
C.	Full Name (Last, First, Middle Initial) Paul Franz			Date of Receipt		
	Mailing Address 1320 Fillmore Ave #413			0 6 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.5009		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67		
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$416.67 monthly		
	em Receipt For: 2007		re Administration • Year-to-Date ▼	-		
	Primary X General	Ayyı eyale	, 16al-10-Date ▼			
	Other (specify) ▼		1250.01			
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s	UBTOTAL of Receipts This Page (optional)			1250.01		
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SCHEDULE A (FEC Form 3X)			Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 11 / 35	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
\ \	NAME OF COMMITTEE (In Full)	iame and add	diess of any political committee to	Solicit contributions from such committee.	
\rangle	CHARLOTTE-MECKLENBURG HOSPI' FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES	
Α.	Full Name (Last, First, Middle Initial) Paul Franz			Date of Receipt	
	Mailing Address 1320 Fillmore Ave #413			06 29 Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.5071	
	Charlotte	NC	28203	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		416.67	
	federal political committee.				
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$416.67 monthly	
	em Receipt For: 2007	1	re Administration • Year-to-Date ▼	_	
	Primary X General	Aggregate	FIGAL-10-Date V	1	
	Other (specify)		1666.68		
			0 0 0 0 0 0 0	1	
В.	Full Name (Last, First, Middle Initial) Suzanne Freeman			Date of Receipt	
٥.	Mailing Address 8221 Buena Vista Drive			M M / D D / Y Y Y Y	
	0.1	01-1-	7'- 0-4-	02 01 2007	
	City	State NC	Zip Code	Transaction ID: SA11A1.4811	
	Denver	NC	28037	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.67	
				Payroll Deduction \$166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation		monthly	
	em Receipt For: 2007	Administ	Year-to-Date V	_	
	Primary X General	Aggregate	: Teal-to-Date V	1	
	Other (specify) ▼		333.34		
	Full Name (Leat First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Suzanne Freeman			Date of Receipt	
	Mailing Address 8221 Buena Vista Drive			03 01 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4871	
	Denver	NC	28037	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		166.67	
	federal political committee.			Payroll Deduction \$166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administration		monthly	
	em Receipt For: 2007	1	Year-to-Date V	-	
	Primary X General	99. 09410		1	
	Other (specify) ▼	1	500.01		
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s	UBTOTAL of Receipts This Page (optional)			750.01	
\vdash				-	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUM		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••	LIVIIZED NECEIF 13		Detailed Summary Page		11b 11c 12	
_	.,				14 15 16 17	
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contribution	of soliciting contributions s from such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTE	M EMPLOYEES	
_	Full Name (Last, First, Middle Initial)					
Α.	Suzanne Freeman			Date of Rece	eipt	
	Mailing Address 8221 Buena Vista Ln			0.5	01 2007	
	City	State	Zip Code		ID: SA11A1.4997	
	Denver	NC	28037		ach Receipt this Period	
	FEC ID number of contributing			7 Amount of E	 	
	federal political committee.	C			166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation	า	T Payroll Dedi	uction \$166.67	
	em	Senior VI				
	Receipt For: 2007	Aggregate	Year-to-Date ▼			
	Primary X General		333.34			
	Other (specify)	0 0				
	Full Name (Last, First, Middle Initial)			+		
В.	Suzanne Freeman			Date of Rece	eipt	
	Mailing Address 8221 Buena Vista Ln			M M / 0 6	01 2007	
	City	State	Zip Code	Transaction ID: SA11A1.5057		
	Denver	NC	•		ach Receipt this Period	
			20007	Amount of L	 	
	FEC ID number of contributing federal political committee.	C			166.67	
				Payroll Ded	uction \$166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation		monthly		
	em	Senior VI				
	Receipt For: 2007 Primary X General	Aggregate	e Year-to-Date ▼			
	Other (specify)		500.01			
		0 0		'		
<u>С.</u>	Full Name (Last, First, Middle Initial) Suzanne Freeman			Date of Rece	eint	
•	Mailing Address 8221 Buena Vista Ln			M M /		
				0 6	29 2007	
	City	State	Zip Code	Transaction	ID: SA11A1.5119	
	Denver	NC	28037	Amount of E	ach Receipt this Period	
	FEC ID number of contributing	С			166.67	
federal political committee.						
	Name of Employer Occi		1	Payroll Dedi	uction \$166.67	
Carolinas HealthCare Syst- em Senior V		Senior VI	P - CHS	monthly		
		Aggregate	Year-to-Date ▼			
	Primary X General		666.68			
Other (specify) 🔻			000.00			
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_	LIDTOTAL of December This December 1				500.01	
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 35		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	ΓAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
A.				Date of Receipt		
	Mailing Address 4625 Cotton Creek Drive)		01 02 2007		
	City	State	Zip Code	Transaction ID: SA11A1.4705		
	Charlotte	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$400 mo- nthly		
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General		400.00			
	Other (specify)		400.00			
В.	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt		
	Mailing Address 4625 Cotton Creek Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.4789		
	Charlotte	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Carolinas HealthCare Syst-	Occupation	n	Payroll Deduction \$400 mo-		
	Carolinas HéalthCare Syst- em	Administ	rator	Thuny		
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General		800.00			
	Other (specify) ▼	0 0				
<u> </u>	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt		
	Mailing Address 4625 Cotton Creek Drive)		03 01 2007		
	City	State	Zip Code	Transaction ID: SA11A1.4849		
	Charlotte	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$400 mo- nthly		
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General		1200.00			
	Other (specify) ▼		1200.00			
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 35
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or	for commercial purposes, other than using the na	ame and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			LIGARE OVOTEM EMPLOYEES
\angle	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4911
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Hospital	n Administration	Payroll Deduction \$400 mo- nthly
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	
	Primary X General		400.00	1
	Other (specify)	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek Drive)		05 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4974
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n	Payroll Deduction \$400 mo- nthly
	Carolinas HealthCare Syst- em	Hospital	Administration	, nuny
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	
	Primary X General	' '	800.00	1
	Other (specify)	0 0		1
<u>С.</u>	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5036
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer	Occupatio	<u> </u>	Payroll Deduction \$400 mo-
	Carolinas HealthCare Syst- em		Administration	Titling
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	
	Primary X General		1200.00	1
	Other (specify)		1200.00	1
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s	UBTOTAL of Receipts This Page (optional)			1200.00

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SCHEDULE A (FEC Form 3X)			Llac concrete cobodulo(a)	FOR LINE NUMBER: PAGE 15/35	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may ame and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES	
Α.				Date of Receipt	
	Mailing Address 4625 Cotton Creek Driv	е		06 29 2007	
	City	State	Zip Code	Transaction ID: SA11A1.5098	
	Charlotte	NC	28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		400.00	
	Name of Employer Carolinas HealthCare Syst-	Occupation	n Administration	Payroll Deduction \$400 mo- nthly	
	em Receipt For: 2007	<u> </u>	Year-to-Date ▼	-	
	Primary X General	00 0		1	
	Other (specify)		1600.00		
В.	Full Name (Last, First, Middle Initial) Russell Guerin			Date of Receipt	
	Mailing Address 3324 Meadow Bluff Driv	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.4781	
	Charlotte	NC	28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.67	
				Payroll Deduction \$166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administration		monthly	
	em Receipt For: 2007		Year-to-Date V	-	
	Primary X General	riggrogate	Total to Bate V	1	
	Other (specify) ▼		333.34		
<u> </u>	Full Name (Last, First, Middle Initial) Russell Guerin			Date of Receipt	
	Mailing Address 3324 Meadow Bluff Driv	е		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O	
	City	State	Zip Code	Transaction ID: SA11A1.4841	
	Charlotte	NC	28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$166.67 monthly	
	em Receipt For: 2007	1	Year-to-Date V	-	
	Primary X General	33 -3-10		1	
	Other (specify) ▼	0 0	500.01		
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s	UBTOTAL of Receipts This Page (optional)			733.34	
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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)						
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
An or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any persor address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AU' FED PAC	THORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES						
Α.	Full Name (Last, First, Middle Initial) Russell C Guerin		Date of Receipt						
	Mailing Address 3324 Meadow Bluff Dr.		05 01 YYYYY 2007						
	City State Charlotte NC	Zip Code 28226	Transaction ID: SA11A1.4966 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		166.67						
	Name of Employer Carolinas HealthCare System Sr. Vio	ation ce Pres.	Payroll Deduction \$166.67 monthly						
		gate Year-to-Date ▼ 333.34							
В.	Full Name (Last, First, Middle Initial) Russell C Guerin Mailing Address 3324 Meadow Bluff Dr.		Date of Receipt 0 6 0 1 2 0 0 7						
	City State	Zip Code	Transaction ID: SA11A1.5028						
	<u>Charlotte</u> NC	28226	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		166.67						
	Name of Employer Carolinas HealthCare System Occupa Sr. Vio	ation ce Pres.	 Payroll Deduction \$166.67 monthly 						
	Receipt For: 2007 Aggree Primary X General Other (specify) ▼	gate Year-to-Date ▼ 500.01							
<u> </u>	Full Name (Last, First, Middle Initial) Russell C Guerin		Date of Receipt						
	Mailing Address 3324 Meadow Bluff Dr.		0 6 2 9 2 0 0 7						
	City State Charlotte NC	Zip Code 28226	Transaction ID: SA11A1.5090 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		166.67						
	CITI	ce Pres.	Payroll Deduction \$166.67 monthly						
	Receipt For: 2007 Aggree Primary X General Other (specify) ▼	gate Year-to-Date ▼ 666.68							
s	SUBTOTAL of Receipts This Page (optional)								
T.	OTAL This Period (last page this line number only)								

9	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 17/35			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Δr	ny information copied from such Reports and Sta	atements may	not he sold or used by any ners				
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
\rangle	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES			
Α.	Full Name (Last, First, Middle Initial) John Knox, III			Date of Receipt			
	Mailing Address 6530 Boykin Spaniel Ro	ad		05 01 2007			
	City	State	Zip Code	Transaction ID: SA11A1.4989			
	Charlotte	NC	28277	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		41.67			
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		Payroll Deduction \$41.67 monthly			
	em Receipt For: 2007		e Year-to-Date ▼	_			
	Primary X General	33 -3		7			
	Other (specify) ▼		208.35				
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В.	Full Name (Last, First, Middle Initial) John Knox, III			Date of Receipt			
	Mailing Address 6530 Boykin Spaniel Ro	M M / D D / Y Y Y Y					
		06 01 2007					
	City	State	Zip Code	Transaction ID: SA11A1.5049			
	Charlotte	NC	28277	Amount of Each Receipt this Period			
	FEC ID number of contributing			14.07			
	federal political committee.	C		41.67			
				Payroll Deduction \$41.67			
	Name of Employer Carolinas HealthCare Syst-	Occupation		monthly			
	<u>em</u>	Administ					
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	_			
	Primary X General		250.02	11			
	Other (specify)	0 0		1			
_	Full Name (Last, First, Middle Initial)						
C.				Date of Receipt			
	Mailing Address 6530 Boykin Spaniel Ro	ad		06 29 2007			
	City	State	Zip Code	Transaction ID: SA11A1.5111			
	Charlotte	NC	28277	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		41.67			
	N (5)	10 11		Payroll Deduction \$41.67			
	Name of Employer Carolinas HealthCare Syst-	Occupation		monthly			
	em	Administ		_			
	Receipt For: 2007	Aggregate	e Year-to-Date ▼				
	Primary X General		291.69				
	Other (specify)	1 1		1			
				125.01			
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S	CHEDULE A (FEC Form 3X)		Harrison and a selection of the A	FOR LINE NUMBER: PAGE 18 / 35
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
Oi	1 1	lame and add	iress or any political committee to	Solicit contributions from Such committee.
	NAME OF COMMITTEE (In Full)	TAL ALITLI		LICADE OVOTEM EMPLOYEES
\angle	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	JRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD			Date of Receipt
	Mailing Address 507 Moncure Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4978
	<u>Charlotte</u>	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$41.67 monthly
	<u>em</u>	Physician		_
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date ▼	,
	Other (specify)		208.35	
		0 0		1
В.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD			Date of Receipt
٥.	Mailing Address 507 Moncure Drive			M M / D D / Y Y Y Y
		06 01 2007		
	City	State	Zip Code	Transaction ID: SA11A1.5040
	Charlotte	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.	0		
	Name of Employer	Occupation	1	Payroll Deduction \$41.67 monthly
	Carolinas HealthCare Syst- em	Physiciar		
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General	, ,	250.02	
	Other (specify) ▼	0 0		
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
J.	Eric Lavonas, MD Mailing Address 507 Moncure Drive			M M / D D / Y Y Y Y
				06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.5102
	Charlotte	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.	C		
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$41.67 monthly
	<u>em</u>	Physician		_
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date ▼	,
	Other (specify)		291.69	
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s	JBTOTAL of Receipts This Page (optional)			125.01
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 35 (check only one)						
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Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
\rangle	CHARLOTTE-MECKLENBURG HOSPITA FED PAC	L AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES						
Α.	Full Name (Last, First, Middle Initial) James Martin	,								
	Mailing Address 458 Beaten Path Road			03 01 7 2007						
	City	State	Zip Code	Transaction ID: SA11A1.4848						
	Mooresville	NC	28117	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Carolinas HealthCare Syst-	Occupation Administi		Payroll Deduction \$100 mo- nthly						
		Aggregate	Year-to-Date ▼	7						
	Primary X General		200.00							
	Other (specify) ▼	0 0	300.00							
В.	Full Name (Last, First, Middle Initial) James G Martin			Date of Receipt						
	Mailing Address 458 Beateu Path	0 6 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID: SA11A1.5035						
	Mooresville	NC	28117	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	- Todoral political committee.			Payroll Deduction \$100 mo-						
	Carolinae HealthCaro Svet-	Occupation		nthly						
	<u>em</u>		sident Government Relations	<u>i </u>						
		Aggregate	Year-to-Date ▼							
	Primary X General Other (specify) ▼		300.00							
— С.	Full Name (Last, First, Middle Initial) James G Martin			Date of Receipt						
J.	Mailing Address 458 Beateu Path			M M / D D / Y Y Y Y						
	City	State	Zip Code	0 6 2 9 2 0 0 7 Transaction ID: SA11A1.5097						
	Mooresville	NC	28117	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Carolinga Haalth Caro Syat	Occupation Vice Pres	n sident Government Relations	Payroll Deduction \$100 mo- nthly						
	<u>viii</u>		Year-to-Date ▼	7						
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ado	rnot be sold or used by any personal tress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	ΓAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Martha Ann McConnell Mailian Address 2017 Claration			Date of Receipt
	Mailing Address 3617 Charolais Lane			01 02 2007
	City	State	Zip Code	Transaction ID: SA11A1.4694
	Harrisburg	NC	28075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$500 mo- nthly
	em Receipt For: 2007	1	Year-to-Date ▼	
	Primary X General		E00.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) James McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue	0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.4812
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$166.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General		333.34	1
	Other (specify)	0 0	000.04	1
C.	Full Name (Last, First, Middle Initial) James McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue			03 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.4872
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$166.67 monthly
	em Receipt For: 2007		Year-to-Date V	\dashv
	Primary X General	1.99.19	500.01	1
	Other (specify)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 21/35 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Date of Receipt James McDeavitt Mailing Address 826 Berkeley Avenue 03 30 200.7 Zip Code City State Transaction ID: SA11A1.4933 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 Name of Employer Carolinas HealthCare Syst-Occupation monthly Administrator em Receipt For: Aggregate Year-to-Date ▼ 2007 X General Primary 666.68 Other (specify) Full Name (Last, First, Middle Initial) B. James McDeavitt Date of Receipt Mailing Address 826 Berkeley Avenue 0 5 01 2007 City Zip Code Transaction ID: SA11A1.4998 State Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 Name of Employer Carolinas HealthCare Syst-Occupation monthly Administrator 2007 Receipt For: Aggregate Year-to-Date V Primary X General 833.35 Other (specify) Full Name (Last, First, Middle Initial) C. James McDeavitt Date of Receipt Mailing Address 826 Berkeley Avenue 06 2007 0.1 Citv State Zip Code Transaction ID: SA11A1.5058 **Charl**otte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing 166.67 C federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Carolinas HealthCare Syst-Occupation Administrator Receipt For: 2007 Aggregate Year-to-Date ▼ X General Primary 1000.02 Other (specify) 500.01 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 35 (check only one)									
IT	EMIZED RECEIPTS		Use separate schedule(s) or each category of the									
11	EIMIZED RECEIP 13		Detailed Sumr	X 1	1a	11b	Ш	11c	∐ 12	_	_	
				, ,	1	3	14		15	16		17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or us dress of any politic	ed by any persor al committee to s	n for the p solicit co	purpos ntributio	e of so ons fro	licitir m sı	ng con uch co	tributior mmittee	1S 9.	
\setminus	NAME OF COMMITTEE (In Full)											
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	TAL AUTH	ORITY/CAROL	INAS HEALTH	HCARE	SYST	EM E	MP	LOYE	EES		
Α.	Full Name (Last, First, Middle Initial) James McDeavitt				Dat	e of Re	eceipt					
	Mailing Address 826 Berkeley Avenue				м О	6 ^M		9	/ Y	200		
	City	State	Zip Code		Trai	nsactio	n ID:	SA	11A1.	5120		
	Charlotte	NC	28203		Am	ount of	Each	Rec	eipt thi	s Perio	b	
	FEC ID number of contributing federal political committee.	C	1 1 1 1	•						166	67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ			Payr mon	oll De thly	duction	on \$	3166.6	67		
	em Receipt For: 2007		e Year-to-Date ▼									
	Primary X General	7 1991 09411	Tour to Duto V									
	Other (specify) ▼		0 0 0	1166.69								
В.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.				Dat	e of Re	eceipt					
	Mailing Address 15731 Pine Street						05 01 7 2007					
	City	State	Zip Code		Trai	nsactio	n ID:	SA	11A1.	4948		
	Huntersville	NC	28078							s Perio	<u> </u>	
	FEC ID number of contributing				1 1			1	-			
	federal political committee.	C			41.67 Payroll Deduction \$41.67							
	Name of Employer Carolinas HealthCare Syst-	Occupation	n		T Payr		auctio	on \$	41.67	′		
	Carolinas HealthCare Syst- em	Administ	rator			,						
	Receipt For: 2007	Aggregate	Year-to-Date									
	Primary X General		1 1 1									
	Other (specify) ▼	0 0	0 0 0	208.35								
<u>с.</u>	Full Name (Last, First, Middle Initial) Russell Moore, Jr.				Dat	e of Re	ceipt					
	Mailing Address 15731 Pine Street				M 0	6 /		D .	/ Y	200		
	City	State	Zip Code		Trai	nsactio	n ID:	SA	11A1.	5010		
	Huntersville	NC	28078							s Perio	d	
	FEC ID number of contributing federal political committee.	C					0			41.	67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ			Payr mon	oll De thly	duction	on \$	641.67	7		
	em Receipt For: 2007		e Year-to-Date ▼		1							
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 35
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.			Date of Receipt
	Mailing Address 15731 Pine Street			06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.5072
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$41.67 monthly
	em Receipt For: 2007		Year-to-Date ▼	
	Primary X General		004.00	1
	Other (specify) ▼	0 0	291.69	
_	Full Name (Last, First, Middle Initial)			B
В.	F Murphy, Jr.	Date of Receipt		
	Mailing Address 2824 Winding Oak Drive	05 01 2007		
	City	State	Zip Code	Transaction ID: SA11A1.4963
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing	C		41.67
	federal political committee.			
	Name of Employer	Occupation	1	Payroll Deduction \$41.67 monthly
	Carolinas HéalthCare Syst- em	Administ	rator	
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General		208.35	1
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) F Murphy, Jr.			Date of Receipt
	Mailing Address 2824 Winding Oak Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.5025
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing			41.67
	federal political committee.	C		
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$41.67 monthly
	em	Administ		
	Receipt For: 2007	Aggregate	Year-to-Date ▼	
	Primary X General Other (specify) ▼	' '	250.02	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 35 (check only one)				
ıт	EMIZED RECEIPTS		or each category of the					
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	CHARLOTTE-MECKLENBURG HOSPITA FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES				
Α.	Full Name (Last, First, Middle Initial) F Murphy, Jr.			Date of Receipt				
	Mailing Address 2824 Winding Oak Drive			06 29 7 2007				
	City	State	Zip Code	Transaction ID: SA11A1.5087				
	Charlotte	NC	28270	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		41.67				
	Carolinas HéalthCare Syst-	Occupation Administ		Payroll Deduction \$41.67 monthly				
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	7				
	Primary X General	1 1		1				
	Other (specify) ▼	0 0	291.69					
В.	Full Name (Last, First, Middle Initial) James Olsen	Date of Receipt						
	Mailing Address 5900 Summerston Place	03 01 YYYYY 2007						
	City	State	Zip Code	Transaction ID: SA11A1.4857				
	Charlotte	NC	28277	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		83.34				
	Name of Employer Carolinas HealthCare Syst-	Occupation	n	Payroll Deduction \$83.34 monthly				
	Carolinas HéalthCare Syst- em	Administ	rator	Inchany .				
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	7				
	Primary X General	00 0		1				
	Other (specify) ▼	0 0	250.02					
<u>с.</u>	Full Name (Last, First, Middle Initial) James Olsen							
	Mailing Address 5900 Summerston Place			0 6 0 1 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11A1.5044				
	Charlotte	NC	28277	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		83.34				
	Carolinae HealthCaro Svet-	Occupation Materials	n : Manager	Payroll Deduction \$83.34 monthly				
	Receipt For: 2007		Year-to-Date ▼					
	Primary X General	•		1				
	Other (specify) ▼		250.02					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 35			
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or	ly information copied from such Reports and State for commercial purposes, other than using the na	ime and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALTI	HCARE SYSTEM EMPLOYEES			
Α.	Full Name (Last, First, Middle Initial) James Olsen			Date of Receipt			
	Mailing Address 5900 Summerston Place			06 29 2007			
	City	State	Zip Code	Transaction ID: SA11A1.5106			
	Charlotte	NC	28277	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.34	1		
	Name of Employer Carolinas HealthCare Syst-	Occupation Materials	n Manager	Payroll Deduction \$83.34 monthly			
	em Receipt For: 2007		Year-to-Date ▼				
	Primary X General		000.00				
	Other (specify) ▼		333.36				
В.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt			
	Mailing Address 2137 Dilworth Road East			01 02 7 2007	Y		
	City	State	Zip Code	Transaction ID: SA11A1.4672			
	Charlotte	NC	28203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		416.67	7		
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	٦	Payroll Deduction \$416.67 monthly			
	Receipt For: 2007	Aggregate	Year-to-Date ▼				
	Primary X General		416.67				
	Other (specify) ▼	0 0	416.67				
C.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt			
	Mailing Address 2137 Dilworth Road East			02 01 2007			
	City	State	Zip Code	Transaction ID: SA11A1.4773			
	Charlotte	NC	28203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		416.67	7		
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	1	Payroll Deduction \$416.67 monthly			
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	7			
	Primary X General		833.34				
_	Other (specify) ▼		000.04				
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S	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 26 / 35
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road Eas	t		03 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.4833
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	١	Payroll Deduction \$416.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date ▼	7
	Primary X General		1250.01	
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— В.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road Eas	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.4895
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Executive		Payroll Deduction \$416.67 monthly
	em Receipt For: 2007		Year-to-Date ▼	-
	Primary X General Other (specify) ▼	193.193.11	416.67	
	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt
J .	Mailing Address 2137 Dilworth Road Eas	t		M M / D D / Y Y Y Y
				05 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.4958
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Executive		Payroll Deduction \$416.67 monthly
	Receipt For: 2007		Year-to-Date ▼	1
	Primary X General		833.34	1
	Other (specify) ▼		000.04	
١	JBTOTAL of Receipts This Page (optional)			1250.01
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 27/35	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	iame and add	dress of any political committee to	solicit contributions from	m such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	CHARLOTTE-MECKLENBURG HOSPITED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM E	MPLOYEES	
Α.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt		
	Mailing Address 2137 Dilworth Road Eas	st		06 0		
	City	State	Zip Code	Transaction ID:		
	Charlotte	NC	28203	Amount of Each I	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			416.67	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Executive		Payroll Deduction monthly	on \$416.67	
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General		1250.01			
	Other (specify)	0 0	1250.01			
В.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt		
	Mailing Address 2137 Dilworth Road Eas	st		06 2	9 2007	
	City	State	Zip Code	Transaction ID: SA11A1.5082		
	Charlotte	NC	28203	Amount of Each I	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			416.67	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Executive		Payroll Deduction monthly	on \$416.67	
	Receipt For: 2007	Aggregate	e Year-to-Date ▼			
	Primary X General Other (specify) ▼	0 0	1666.68			
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C.	Harrison Trammell Mailing Address 421 Canyon Trail			Date of Receipt	D / Y Y Y Y	
	Walling Address 421 Garryon Trail			0 1 0		
	City	State	Zip Code	Transaction ID:	SA11A1.4697	
	Charlotte	NC	28270	Amount of Each I	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction nthly	on \$250 mo-	
	Receipt For: 2007	Aggregate	Year-to-Date ▼			
	Primary X General		250.00			
	Other (specify)	250.00				
s	UBTOTAL of Receipts This Page (optional)				1083.34	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 35 (check only one)					
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abla	NAME OF COMMITTEE (In Full)								
\rangle	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES					
Α.	Full Name (Last, First, Middle Initial) Harrison Trammell								
	Mailing Address 421 Canyon Trail			02 01 2007					
	City	State	Zip Code	Transaction ID: SA11A1.4785					
	Charlotte	NC	28270	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$250 monthly					
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	7					
	Primary X General			1					
	Other (specify) ▼	0 0	500.00						
В.	Full Name (Last, First, Middle Initial) Harrison Trammell			Date of Receipt					
	Mailing Address 421 Canyon Trail	03 01 2007							
	City	State	Zip Code	Transaction ID: SA11A1.4845					
	Charlotte	NC	28270	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		Payroll Deduction \$250 monthly					
	em Receipt For: 2007		Year-to-Date ▼	_					
	Primary X General	7.99.094.0	Total to Date (
	Other (specify) ▼	0 0	750.00						
<u> </u>	Full Name (Last, First, Middle Initial) Harrison Trammell			Date of Receipt					
	Mailing Address 421 Canyon Trail			03 30 7 2007					
	City	State	Zip Code	Transaction ID: SA11A1.4907					
	Charlotte	NC	28270	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		250.00						
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$250 monthly					
	Receipt For: 2007	Aggregate	Year-to-Date ▼	7					
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or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
	CHARLOTTE-MECKLENBURG HOSPITA FED PAC	L AUTHO	ORITY/CAROLINAS HEALT	ICARE SYSTEM EMPLOYEES								
A.	Full Name (Last, First, Middle Initial) Harrison Trammell			Date of Receipt								
	Mailing Address 421 Canyon Trail			05 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.4970								
	Charlotte	NC	28270	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$250 mo- nthly								
	CIII		Year-to-Date ▼									
	Primary X General	1 1	1250.00	1								
	Other (specify) ▼	0 0	1250.00									
В.	Full Name (Last, First, Middle Initial) Harrison Trammell	Date of Receipt										
ъ.	Mailing Address 421 Canyon Trail			M M / D D / Y Y Y Y								
				06 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.5032								
	Charlotte	NC	28270	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
				Payroll Deduction \$250 mo-								
	Carolinas HealthCare Syst-	Occupation Administr		nthíly								
	CIII		Year-to-Date ▼									
	Primary X General	1 1		1								
	Other (specify)	0 0	1500.00									
<u> </u>	Full Name (Last, First, Middle Initial) Harrison Trammell			Date of Receipt								
	Mailing Address 421 Canyon Trail			M M / D D / Y Y Y Y								
	City.	Ctoto	7in Code	06 29 2007								
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11A1.5094 Amount of Each Receipt this Period								
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	federal political committee.	С		250.00								
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$250 mo-								
	<u>em</u>	Administr										
		Aggregate	Year-to-Date ▼									
	Primary X General Other (specify)		1750.00									
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ITEMIZED RECEIPTS			or each category of the	(check only one)								
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or	for commercial purposes, other than using the n	lame and add	rnot be sold or used by any personal tress of any political committee to	osolicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
CHARLOTTE-MECKLENBURG HOSPITAL AU FED PAC			ORITY/CAROLINAS HEALT	ICARE SYSTEM EMPLOYEES								
A.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD			Date of Receipt								
	Mailing Address 4301 Morrowick Road			03 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.4846								
	Charlotte	NC	28226	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		83.34								
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$83.34 monthly								
	Receipt For: 2007		Year-to-Date ▼									
	Primary X General		250.02	1								
	Other (specify) ▼	0 0	250.02									
В.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD			Date of Receipt								
υ.	Mailing Address 4301 Morrowick Rd.			M M / D D / Y Y Y Y								
				06 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.5033								
	Charlotte	NC	28226	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		83.34								
	Name of Employer	Occupation	 1	Payroll Deduction \$83.34 monthly								
	Carolinas HealthCare Syst- em		are Administrator	Intoliting								
	Receipt For: 2007	Aggregate	Year-to-Date ▼									
	Primary X General		250.02	1								
	Other (specify) ▼	0 0	200.02	1								
<u> </u>	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD			Date of Receipt								
٥.	Mailing Address 4301 Morrowick Rd.			M M / D D / Y Y Y Y								
				06 29 2007								
	City	State	Zip Code	Transaction ID: SA11A1.5095								
	Charlotte	NC	28226	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		83.34								
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$83.34 monthly								
	em	1	are Administrator									
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date ▼									
	Other (specify)		333.36									
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	·			250.02								
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01	1 1 1	arrie ariu auc	liess of any political committee to	Solicit Contributions from Such Committee.								
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	FAL ALITU	ODITVICADOLINIAS LIEALT	HOADE SYSTEM EMDLOVEES								
	FED PAC	AL AUTTI	JAIT I/OAROLINAS IILALI	HOARE STSTEW EMPLOTEES								
	Full Name (Last, First, Middle Initial)											
A.	Robert Wiggins, Jr.			Date of Receipt								
	Mailing Address 6417 Seton House Lane			05 01 Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID: SA11A1.4987								
	<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period								
			EULIT	Amount of Each Necept this Feriod								
	FEC ID number of contributing federal political committee.	C		41.67								
				Payroll Deduction \$41.67								
	Name of Employer Carolinas HealthCare Syst-	Occupation CPA	1	monthly								
	em Receipt For: 2007		Year-to-Date ▼	-								
	Primary X General	riggrogato	Total to Bate V									
	Other (specify)		208.35									
_	Full Name (Last, First, Middle Initial)											
В.	Robert Wiggins, Jr.			Date of Receipt								
	Mailing Address 6417 Seton House Lane	06 01 2007										
	City	State	Zip Code	Transaction ID: SA11A1.5047								
	Charlotte	NC	28277	Amount of Each Receipt this Period								
	FEC ID number of contributing			41.67								
	federal political committee.	C		41.07								
	Name of Employer	Occupation	1	Payroll Deduction \$41.67 monthly								
	Carolinas HealthCare Syst- em	CPA		Monthly								
	Receipt For: 2007	Aggregate	Year-to-Date ▼									
	Primary X General	1 1	250.02									
	Other (specify) ▼		250.02									
_	Full Name (Last, First, Middle Initial)											
C.	Robert Wiggins, Jr.			Date of Receipt								
	Mailing Address 6417 Seton House Lane			M M / D D / Y Y Y Y								
	01.	01-1-	7'- O-d-	06 29 2007								
	Charlotte	State NC	Zip Code	Transaction ID: SA11A1.5109								
		INC	28277	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		41.67								
				Payroll Deduction \$41.67								
	Name of Employer Carolinas HealthCare Syst-	Name of Employer Carolinas HealthCare Syst-										
	em	CPA	Veer to Date =	-								
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date ▼									
	Other (specify)	' '	291.69									
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s	JBTOTAL of Receipts This Page (optional)		.	125.01								
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 32/35								
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\setminus	NAME OF COMMITTEE (In Full)											
\rangle	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	CARE SYSTEM EMPLOYEES								
Α.	Full Name (Last, First, Middle Initial) A. Zachary Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$										
	City	State	Zip Code	Transaction ID: SA11A1.4662								
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		416.67								
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$416.67 monthly								
	Receipt For: 2007	Aggregate	Year-to-Date ▼									
	Primary X General		416.67	1								
	Other (specify)	1 1	410.07									
— В.	Full Name (Last, First, Middle Initial) Zachary Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road			0 2 0 1 2 0 0 7 Transaction ID: SA11A1.4768								
	City	State	Zip Code									
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		416.67								
	Name of Employer	Occupation	 1	Payroll Deduction \$416.67 monthly								
	Name of Employer Carolinas HealthCare Syst- em	Administr		Indititity								
	Receipt For:2007	Aggregate	Year-to-Date ▼									
	Primary X General	1 1	000.04	1								
	Other (specify)		833.34									
<u> </u>	Full Name (Last, First, Middle Initial) Zachary Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID: SA11A1.4828								
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		416.67								
		10		Payroll Deduction \$416.67								
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr	rator	monthly								
	Receipt For: 2007	Aggregate	Year-to-Date ▼									
	Primary X General	-	1250.01	1								
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 35								
ıт	EMIZED RECEIPTS		or each category of the	(check only one)								
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\setminus	NAME OF COMMITTEE (In Full)											
\rangle	CHARLOTTE-MECKLENBURG HOSPITFED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES								
Α.	Full Name (Last, First, Middle Initial) Zachary J Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road Suite 107, #214			03 / 30 / 2007								
	City	State	Zip Code	Transaction ID: SA11A1.4890								
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		416.67								
	Name of Employer Carolinas HealthCare System	Occupation Hospital	n Administrator	Payroll Deduction \$416.67 monthly								
	Receipt For: 2007	Aggregate	e Year-to-Date ▼									
	Primary X General	1 1	440.07	1								
	Other (specify) ▼		416.67									
В.	Full Name (Last, First, Middle Initial) Zachary J Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road Suite 107, #214			05 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.4953								
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		416.67								
	Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital	n Administrator	Payroll Deduction \$416.67 monthly								
	Receipt For: 2007	Aggregate	e Year-to-Date ▼									
	Primary X General			1								
	Other (specify) ▼	0 0	833.34									
<u>с</u> .	Full Name (Last, First, Middle Initial) Zachary J Zapack			Date of Receipt								
	Mailing Address 1800 Camden Road Suite 107, #214			06 01 2007								
	City	State	Zip Code	Transaction ID: SA11A1.5015								
	Charlotte	NC	28203	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		416.67								
	Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital	n Administrator	Payroll Deduction \$416.67 monthly								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 34/35 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Zachary J Zapack Mailing Address 1800 Camden Road 06 29 2007 Suite 107, #214 City State Zip Code Transaction ID: SA11A1.5077 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Carolinas HealthCare Syst-Occupation Hospital Administrator em Receipt For: 2007 Aggregate Year-to-Date ▼ Primary X General 1666.68 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	416.67
TOTAL This Period (last page this line number only)	•	18463.59

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\setminus	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	CHARLOTTE-MECKLENBURG F FED PAC	IOSPITAL AUTHO	RITY/CAROLII	NAS H	EALTH	HCARE S	SYS	TEM I	EMPLO'	YEE	:S		
_	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	SB23.4	938	,		
Α.	CITIZENS FOR HARKIN							sburse					
	Mailing Address P O BOX 811					0 3	М	^D 2	0 /	Ž	2 0 ŏ 7	7 ^Y	
	City DES MOINES	State IA	Zip Code 50304			Amou	ınt of	f Each	Disburse	-		_	od
	Purpose of Disbursement Campaign Contribution] L.		-			1500.	00	
	Candidate Name THOMAS RICHARD HARKIN			Cate Ty	gory/ pe								
	Office Sought: House X Senate President	Disbursement For: X Primary Other (sp	2008 General pecify)										
	State: IA District: 00												
В.	Full Name (Last, First, Middle Initial) Hayes for Congress					Date	of Di	sburse				V	
	Mailing Address Post Office Box	2000				0 ^M 6	М	1	1 /	Ž	2 o ŏ 7	7	
	City Concord	State NC	Zip Code 28026			Amou	ınt of	f Each	Disburse	men		_	od
	Purpose of Disbursement Campaign Contribution			0-	11	<u> </u>		-			500.	00	
	Candidate Name Robert Cannon Hayes			Cate Ty	gory/ pe								
	Office Sought: X House Senate President	Disbursement For: X Primary Other (sp	2008 General pecify) ▼										
	State: NC District: 08												

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	—	2000.00